Filed Date: 02/26/2019 02:14 PM SAN: 031300023-STH-0023

Comments: _____

SCHEDULE D Income - Gifts



	NAME OF COURSE (Not as Asset)
	► NAME OF SOURCE (Not an Acronym)
	ADDRESS (Business Address Acceptable)
Beach, CA 90802	
	BUSINESS ACTIVITY, IF ANY, OF SOURCE
RIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)
ner	
	\$
	/ \$
	► NAME OF SOURCE (Not an Acronym)
	ADDRESS (Business Address Acceptable)
	BUSINESS ACTIVITY, IF ANY, OF SOURCE
RIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)
cheon	
	\$
	Filey's Verification
	Filer's Verification
	Print Name Patrick West
- I - O A - 0.000	
acn, CA 90802	Office, Agency City Manager Department
	Statement Type ≥ 2018/2019 Annual Assuming Leaving
RIPTION OF GIFT(S)	(<i>y1</i>)
day Open House	I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information
	contained herein and in any attached schedules is true and complete
	I certify under penalty of perjury under the laws of the State o
	California that the foregoing is true and correct.
	02/26/2019 02:14 PM
	Date Signed(month, day, year)
	Electronic Submission
	Filer's Signature
	RIPTION OF GIFT(S) Cheon Che